

# ANNUAL REPORT FORM - SCRAP TIRE HAULER

Report Period: January 1, 2021 – December 31, 2021

Business Name \_\_\_\_\_ County \_\_\_\_\_

Business Phone \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ e-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Location / Address \_\_\_\_\_

Check the Method of Reporting - PICKUP - # of tires \_\_\_\_\_ Wt. (tons) of tires \_\_\_\_\_ DROP-OFF - # of tires \_\_\_\_\_ Wt. (tons) of tires \_\_\_\_\_

In the table below, please write the generator name (tire shop, auto dealer, etc.) and show the number or weight of scarp tires that you hauled each month. Show the number or weight of scrap tires that you removed for resale and that you brought to each final destinations. Add rows or sheets as needed.

GENERATOR	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
<b>TOTAL</b>													
<b>Tires Removed for Resale</b>	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
<b>FINAL DESTINATION</b>	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
<b>TOTAL</b>													

**PROVIDE INFORMATION ABOUT THE GENERATORS. Make more copies if needed.**

Name of Generator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Location / Address: \_\_\_\_\_

Name of Generator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Location / Address: \_\_\_\_\_

Name of Generator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Location / Address: \_\_\_\_\_

Name of Generator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Location / Address: \_\_\_\_\_

Name of Generator: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Location / Address: \_\_\_\_\_

**PROVIDE INFORMATION ABOUT DESTINATIONS OF SCRAP TIRES. Make more copies if needed.**

Name of Destination: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location / Address: \_\_\_\_\_

Name of Destination: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location / Address: \_\_\_\_\_

Name of Destination: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location / Address: \_\_\_\_\_

Name of Destination: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location / Address: \_\_\_\_\_

Under penalty of perjury, I hereby attest that the information provided in this report is accurate and complete, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date